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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/730,606		Filing Date 12/08/2003		To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR			NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), (or (c))	N/A		N/A		N/A			N/A	,,,	
	SEARCH FEE (37 CFR 1.16(k), (i), o		N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p), (c)	E	N/A		N/A		N/A		ĺ	N/A	,	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = ,		•		x \$ =			x \$ =		
	APPLICATION SIZE 37 CFR 1.16(s))	FEE sheen is \$2 add	ets of pap 250 (\$125 itional 50 s	er, the applic for small ent sheets or frac	wings exceed 100 ation size fee due tity) for each ction thereof. See 37 CFR 1.16(s).						·	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	CLAIMS		1) (Colu				SMALL ENTITY			SIVIA	ALL ENTITY	
	03/20/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	⁺ 5	Minus	·· 41	= 0		X \$25 =	0	OR	x \$ =		
	Independent (37 CFR 1.16(h))	* 1	Minus	***5	= 0]	X \$100 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))							* .				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))								OR			
	~1/4/4	\ · ·	•		·		TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
L.,	411010	(Column 1)		(Column 2	<u> </u>							
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 31	Minus	- 5	=	1	x \$ =		OR	x \$ =		
Σ	Independent (37 CFR 1.16(h))	• 5	Minus	*** \	=	1	x \$ =		OR	x \$ =		
AMENDMENT	Application Si	ze Fee (37 CFR	1.16(s))	i		1						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
		·					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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